

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 54 OF 142	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Cotton for Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. RUSS A. SETTOON</b>			Date of Receipt M M D D Y Y 12 07 2015	
Mailing Address 1073 HIGHWAY 70			<b>Transaction ID : SA11.97749</b>	
City PIERRE PART	State LA	Zip Code 70339-4017	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer SETTOON TOWING		Occupation CHAUMANA CEO	Amount of Each Receipt this Period 1000.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	CONTRIBUTION	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. RALPH D. SHELNUTT</b>			Date of Receipt M M D D Y Y 11 23 2015	
Mailing Address 1102 MCCURDY			<b>Transaction ID : SA11.97702</b>	
City BENTON	State AR	Zip Code 72019-2346	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer SELF-EMPLOYED		Occupation LAND DEVELOPMENT/BUILDER	Amount of Each Receipt this Period 1000.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	CONTRIBUTION	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MRS. SYLVIA SIMON</b>			Date of Receipt M M D D Y Y 11 10 2015	
Mailing Address 825 HIGHWAY 425 S.			<b>Transaction ID : SA11.97660</b>	
City MONTICELLO	State AR	Zip Code 71655-9730	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C			CONTRIBUTION	
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period 2700.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	CONTRIBUTION	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			4700.00	
<b>TOTAL</b> This Period (last page this line number only).....			4700.00	

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